

Peppino's Italian Family Restaurant

Application for Employment



All applicants will receive consideration for employment without regard to race, gender, religion, sexual orientation, pregnancy, age, marital status, national origin, genetic information, physical or mental handicap or any other characteristic that is prohibited by law. The following information is requested in order to help us make the best possible placement within the Company. Our Company subscribes to a **drug free work place** You may be required to submit to a drug screen as part of your initial application process. All portions of this application pertaining to you must be completed. Please do not refer to information on your resume. .

We appreciate the time you spend completing this application.

Position Desired

Position Applied For: _____

Location: _____

Full Time? Yes No Salary requirement \$ _____ hourly monthly

Have you ever worked for this company? Yes No

If yes, what was the last date of employment? _____

Personal

Name: _____
Last First Middle Initial

Other names used: _____

Present Address: _____
Street City State Zip

Phone Number: _____ Message Number: _____

Consent for Background Investigation

It is the intent of the Company to keep all information we receive during any background investigation private and confidential. Please read and sign the statement below allowing the Company to verify past employment and information given on this application.

"I hereby agree to have the President/Owner of the Company his designee or any agent of the company contact anyone necessary to investigate or verify any information I have given on this application, or to discuss my background, past performance, or my suitability for employment. I further agree to have my work background discussed by any person so contacted, and waive all my rights to bring any action for defamation, invasion of privacy, or any similar cause of action, against anyone contacted as a result of what is said about me. I also understand that the information I supply will be checked and that any false statement or omission of fact or facts in connection with this Application for Employment will result in no offer of employment or dismissal from the Company if I am already employed."

Check this box if you want copies of public records that we obtain during the application process.

Signature: _____ Date: _____

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Work Experience

Please account for all time for the last five (5) years. Include periods of unemployment and any prior employment by this Company. Begin with your most recent job. Use a separate sheet of paper if needed. **Do not reference resume**.

May we contact your employer? Yes No

<i>Present Employer</i>	<i>Address</i>	<i>From Mo/Yr</i>	<i>To Mo/Yr</i>
<i>Name and title of your supervisor</i>	<i>Phone Number</i>	<i>Starting Salary,</i>	<i>Mo/Hrly?</i>
<i>Your title and description of your duties:</i>		<i>Ending Salary, Mo/Hrly?</i>	
		<i>Reason for Leaving?</i>	
<i>Employer</i>	<i>Address</i>	<i>From Mo/Yr</i>	<i>To Mo/Yr</i>
<i>Name and title of your supervisor</i>	<i>Phone Number</i>	<i>Starting Salary,</i>	<i>Mo/Hrly?</i>
<i>Your title and description of your duties:</i>		<i>Ending Salary, Mo/Hrly?</i>	
		<i>Reason for Leaving?</i>	
<i>Employer</i>	<i>Address</i>	<i>From Mo/Yr</i>	<i>To Mo/Yr</i>
<i>Name and title of your supervisor</i>	<i>Phone Number</i>	<i>Starting Salary,</i>	<i>Mo/Hrly?</i>
<i>Your title and description of your duties:</i>		<i>Ending Salary, Mo/Hrly?</i>	
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<i>Your title and description of your duties:</i>		<i>Ending Salary, Mo/Hrly?</i>	
		<i>Reason for Leaving?</i>	
<i>Employer</i>	<i>Address</i>	<i>From Mo/Yr</i>	<i>To Mo/Yr</i>
<i>Name and title of your supervisor</i>	<i>Phone Number</i>	<i>Starting Salary,</i>	<i>Mo/Hrly?</i>
<i>Your title and description of your duties:</i>		<i>Ending Salary, Mo/Hrly?</i>	
		<i>Reason for Leaving?</i>	

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References

(Please list two former supervisors and/or associates who are acquainted with your work performance.)

Name	Organization	Area Code and Business Phone
Title	Home Address	City, State, Zip
Working Relationship	Area Code and Home Phone	
Name	Organization	Area Code and Business Phone
Title	Home Address	City, State, Zip
Working Relationship	Area Code and Home Phone	

General Information

Federal law prohibits the employment of unauthorized persons. Should you be hired, satisfactory proof of employment authorization and identity will be required within three (3) working days of hire. Failure to submit such proof within the required time will result in immediate dismissal.

	Yes	No
If hired, can you furnish proof of citizenship or authorization to work?		
If you are under the age of 18 years old, do you have a work permit?		
If required, would you be willing to work:		
Shifts?		
Weekends?		
Holidays?		
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations, in a safe or efficient manner?		
Do you have any relatives or personal friends working for the Company?		
If yes, who?		
Relationship:		

*The existence of any conviction of any crime does not constitute an automatic bar to employment consideration. In the case of a marijuana conviction you need only disclose a felony conviction during the prior two (2) years.

Motor Vehicle Operation

If this box has been checked, your job requires the operation of a motor vehicle. Complete the following:

Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, answer the following questions:	
What state issued your driver's license?	Driver's License Number:	Expiration Date:
Type or Class of License:	Is your driver's license valid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have your driving privileges ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Skills and Licenses

List all office, technical or professional skills and/or certificates, licenses and bilingual ability you possess that are relevant to the position for which you are applying. Be specific, for example, typing 75 w.p.m., key entry 80 w.p.m., Fluent in Spanish. If you have other skills you believe are important, list them.

Military Service

Were you a member of the military services? Yes No *If yes, please answer the following question.*

Have you obtained any special skills or abilities as a result of service in the military that would be applicable in the job for which you have applied? Yes No

If yes, please describe:

Education

School	City and State	# of Years Attended	Did you Graduate	Subjects Studied
High School				
College				
College				
Trade / Business School				
Trade/ Business School				

Explanation for any section requiring further information:

PLEASE READ THIS SECTION BEFORE YOU SIGN THIS EMPLOYMENT APPLICATION FORM.

I certify that answers given in this application are true and complete to the best of my knowledge. I understand that any false statements on this application could result in disqualification from the application process or if employed separation from the Company. I understand the employer is not obligated to offer the position to me, even after completing this application or following a job interview. I understand the Company has certain rules and procedures, which must be followed. I agree that if I am employed I will follow the rules of the Company or be subject to disciplinary action that could mean dismissal. I understand the Company is an at-will employer, which means that any term of employment is for no definite period of time regardless of the date or payment of wages. If I am employed, such employment may be ended with or without cause or notice. No verbal agreements made during any application or interview process can be relied upon unless such agreements are in writing and signed by the owner or President of the Company including the at-will statement in this application.

I understand if the Company hires me, my employment is conditional on my ability to provide proof of work authorization and identity as required by Federal Law and the completion of any post-employment requirements of the employer.

Signature: _____ Date: _____